

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Massachusetts Republican State Congressional Committee

ADDRESS (number and street)

85 Merrimac Street, Suite 400

☐Check if different  
than previously  
reported. (ACC)

Boston

MA

02114

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00042622

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

11

04

2008

in the  
State of

MA

(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the  
State of☐

5. Covering Period

10

01

2008

through

10

15

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Brent Andersen

Signature of Treasurer

Electronically Filed by Brent Andersen

Date

10

21

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	5	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		16629.38
(b) Cash on Hand at Beginning of Reporting Period .....	92733.95	
(c) Total Receipts (from Line 19) .....	21090.00	760402.71
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	113823.95	777032.09
7. Total Disbursements (from Line 31) .....	61109.57	724317.71
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	52714.38	52714.38
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	11300.00	509609.38
(i) Itemized (use Schedule A) .....	3790.00	144220.51
(ii) Unitemized .....	15090.00	653829.89
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	26261.00
(c) Other Political Committees (such as PACs) .....	15090.00	680090.89
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	6000.00	67000.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	3228.99
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	10082.83
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	10082.83
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	21090.00	760402.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	21090.00	750319.88

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	49520.51
(ii) Non-Federal Share.....	0.00	10870.35
(b) Other Federal Operating Expenditures.....	51308.93	544262.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	51308.93	604653.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	15000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	952.09	1852.09
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	750.00	1025.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	750.00	1025.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	8098.55	101786.87
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	8098.55	101786.87
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	61109.57	724317.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	61109.57	713447.36

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	15090.00	680090.89
34. Total Contribution Refunds (from Line 28(d)) .....	750.00	1025.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14340.00	679065.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	51308.93	593783.40
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	3228.99
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	51308.93	590554.41

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Lori Anastos

Mailing Address P.O. Box 821

City

Yarmouth

State

ME

Zip Code

04096

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 8

Transaction ID: 81017.C171276

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Harold Chesson

Mailing Address 176 S. Pond Rd.

City

East Brookfield

State

MA

Zip Code

01515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gavitt Wire & Cable Co

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 8

Transaction ID: 81017.C171204

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Lawrence Cohn

Mailing Address 45 Single Tree Road

City

Chestnut Hill

State

MA

Zip Code

02467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brigham & Womens Hospital

Occupation

Cardiac Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 0 8

Transaction ID: 81017.C171177

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

J.W. Cranney

Mailing Address PO Box 55

City

Belmont

State

MA

Zip Code

02478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

Transaction ID: 81017.C171148

Amount of Each Receipt this Period

500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Barbara Ebert

Mailing Address 16 Brewster Road

City

Wayland

State

MA

Zip Code

01778

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 0 8

Transaction ID: 81017.C171178

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Albion Fletcher

Mailing Address 135 West St.

City

Braintree

State

MA

Zip Code

02184

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
General Electric Co.Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 0 8

Transaction ID: 81017.C171182

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

850.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Edmund Goodhue

Mailing Address 16 Cornerstone Drive

City State Zip Code  
 Bridgewater MA 02324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 0 / 2 0 0 8

Transaction ID: 81017.C171245

Amount of Each Receipt this Period

50.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Jose Jorge

Mailing Address 118 Inman Street  
 Apt. 1

City State Zip Code  
 Cambridge MA 02139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 3 / 2 0 0 8

Transaction ID: 81017.C171149

Amount of Each Receipt this Period

150.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Paul Lohnes

Mailing Address 300 Bent St

City State Zip Code  
 Cambridge MA 02141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Corporate Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 3 / 2 0 0 8

Transaction ID: 81017.C171165

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

John Medgyesy

Mailing Address 64 Stone Hedge Ln.

City

Attleboro

State

MA

Zip Code

02703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 8

Transaction ID: 81017.C171225

Amount of Each Receipt this Period

50.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

John ORourke

Mailing Address 955 Massachusetts Ave #225

City

Cambridge

State

MA

Zip Code

02139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

Transaction ID: 81017.C171162

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Jonathan Peabody

Mailing Address 76 Camp Meeting Rd

City

Topsfield

State

MA

Zip Code

01983

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Peabody Office Furniture

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 0 8

Transaction ID: 81017.C171171

Amount of Each Receipt this Period

200.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Henri Rauschenbach

Mailing Address 20 Depot Road  
PO Box 1064

City State Zip Code  
Brewster MA 02631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Smith and Rauschenbach

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 8

Transaction ID: 81017.C171198

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Grant Rodkey

Mailing Address 11 Beatrice Circle

City State Zip Code  
Belmont MA 02478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VA Boston Healthcare System

Occupation  
Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 8

Transaction ID: 81017.C171278

Amount of Each Receipt this Period

250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Rosmarie Scully

Mailing Address 30 Somerset St.

City State Zip Code  
Belmont MA 02478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Scully Signal

Occupation  
Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 0 8

Transaction ID: 81017.C171183

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Steven Snider

Mailing Address 114 Shornecliffe Road

City

Newton

State

MA

Zip Code

02458-2421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pyramis Global Advisors

Occupation

Portfolio Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 0 8

Transaction ID: 81017.C171175

Amount of Each Receipt this Period

5000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Elaine Tierney

Mailing Address 82 Lionel Ave Apt D

City

Waltham

State

MA

Zip Code

02451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 8

Transaction ID: 81017.C171275

Amount of Each Receipt this Period

500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Stephen Washburn

Mailing Address 80 Somerset Street

City

Belmont

State

MA

Zip Code

02478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Psychiatry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 0 8

Transaction ID: 81017.C171188

Amount of Each Receipt this Period

100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

5600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Paul Watkins

Mailing Address 63 Garden Rd.  
DO NOT MAIL

City State Zip Code  
Wellesley MA 02481

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 0 8

Transaction ID: 81017.C171187

Amount of Each Receipt this Period

200.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

11300.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 36

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Republican National Committee

Mailing Address 310 First Street SE  
PO Box 77416

City

Washington

State

DC

Zip Code

20003-

FEC ID number of contributing  
federal political committee.**C** C00003418Name of Employer  
Political Committee

Occupation

FEC ID: C00003418

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

67000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 0 8

Transaction ID: 81017.C171249

Amount of Each Receipt this Period

6000.00

Transfers From Affil./Aut-  
h.

SUBTOTAL of Receipts This Page (optional) .....

6000.00

TOTAL This Period (last page this line number only) .....

6000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Frontier Technology MicroAge

Mailing Address PO Box 29451

City  
Phoenix

State  
AZ

Zip Code  
85062-

Purpose of Disbursement  
Computer/ Printer supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81017.E10673

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

5855.78

COMPUTER/ PRINTER SUPPLIES

**B.**

Full Name (Last, First, Middle Initial)

Scr & Associates, LLC

Mailing Address 4 Leblanc Dr

City  
Danvers

State  
MA

Zip Code  
01923-

Purpose of Disbursement  
Fundraising Consultant Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81017.E10682

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

5000.00

FUNDRAISING CONSULTANT FEE

**C.**

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City  
Dallas

State  
TX

Zip Code  
75235-1647

Purpose of Disbursement  
C. Faulkner reimbursement for airfare for training

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81017.E10772

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

325.00

C. FAULKNER REIMBURSEMENT  
FOR AIRFARE FOR TRAINING

**SUBTOTAL** of Disbursements This Page (optional) .....

11180.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial)  
Blue Cross Blue Shield of Massachusetts

Mailing Address Landmark Center  
401 Park Drive

City Boston State MA Zip Code 02215-

Purpose of Disbursement  
Health Insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81017.E10712

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

3163.44

HEALTH INSURANCE

**B.** Full Name (Last, First, Middle Initial)  
Css Castle Self-Storage

Mailing Address 39 Old Colony Ave.

City Boston State MA Zip Code 02127-

Purpose of Disbursement  
Storage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81017.E10713

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

329.00

STORAGE

**C.** Full Name (Last, First, Middle Initial)  
FLS Connect

Mailing Address 7300 Hudson Blvd. Ste

City Saint Paul State MN Zip Code 55128-

Purpose of Disbursement  
Voter Contact

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81017.E10792

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

300.00

VOTER CONTACT

**SUBTOTAL** of Disbursements This Page (optional) .....

3792.44

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Bloomington Crowne Plaza

Mailing Address 5401 Green Valley Dr.

City Minneapolis State MN Zip Code 55437-

Purpose of Disbursement

Brunch Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81017.E10680

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

3395.80

BRUNCH FEE

**B.**

Full Name (Last, First, Middle Initial)

DataMarks

Mailing Address 37B Averill Street, PO. Box 68

City Topsfield State MA Zip Code 01983-

Purpose of Disbursement

Mail Processing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81017.E10730

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

593.03

MAIL PROCESSING

**C.**

Full Name (Last, First, Middle Initial)

Christopher Faulkner

Mailing Address 12800 Sandy Court

City Granger State IN Zip Code 46530-

Purpose of Disbursement

Reimbursement - see below

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81017.E10771

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

325.00

REIMBURSEMENT - SEE BELOW

**SUBTOTAL** of Disbursements This Page (optional) .....

4313.83

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Federal Express (Fed Ex)

Mailing Address PO Box 371461

City  
Pittsburgh

State  
PA

Zip Code  
15250-

Purpose of Disbursement  
Express Mail

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81017.E10675

Date of Disbursement

10 / 02 / 2008

Amount of Each Disbursement this Period

212.25

EXPRESS MAIL

**B.**

Full Name (Last, First, Middle Initial)

Aaron Goulette

Mailing Address 65 Victoria St. #20

City  
Manchester

State  
NH

Zip Code  
03101-

Purpose of Disbursement  
Reimbursement see below

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81017.E10778

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

524.27

REIMBURSEMENT SEE BELOW

**C.**

Full Name (Last, First, Middle Initial)

Staples, Inc.

Mailing Address Staples Credit Plan  
Dept. 80 - 0088936796

City  
Des Moines

State  
IA

Zip Code  
50368-9020

Purpose of Disbursement  
A. Goulette reimbursement for office supplies and furniture

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81017.E10779

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

524.27

**[MEMO ITEM]**

MEMO: A. GOULETTE REIMBURSEMENT FOR OFFICE SUPPLIES AND FURNITURE

**SUBTOTAL** of Disbursements This Page (optional) .....

736.52

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

James Greene

Mailing Address 3 Brown Terrace

City  
Jamaica PlainState  
MAZip Code  
02130-Purpose of Disbursement  
Reimbursement for mileage

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81017.E10709

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	0		2	0	0	8

Amount of Each Disbursement this Period

127.94

REIMBURSEMENT FOR MILEAGE

B.

Full Name (Last, First, Middle Initial)

Guardian Guardian

Mailing Address Boston Group Office  
1 Liberty SquareCity  
BostonState  
MAZip Code  
02109-Purpose of Disbursement  
Dental Insurance

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81017.E10765

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	0	8

Amount of Each Disbursement this Period

499.75

DENTAL INSURANCE

C.

Full Name (Last, First, Middle Initial)

Bruce Harrison

Mailing Address 101 Elm St

City  
WakefieldState  
MAZip Code  
01880-Purpose of Disbursement  
Reimbursement for travel mail and office supplies

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81017.E10676

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	0	8

Amount of Each Disbursement this Period

165.00

REIMBURSEMENT FOR TRAVEL  
MAIL AND OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) .....

792.69

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Bruce Harrison

Mailing Address 101 Elm St

City  
Wakefield

State  
MA

Zip Code  
01880-

Purpose of Disbursement  
Administrative Assistance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81017.E10677

Date of Disbursement

10 / 02 / 2008

Amount of Each Disbursement this Period

1000.00

ADMINISTRATIVE ASSISTANCE

**B.**

Full Name (Last, First, Middle Initial)

Amber Hillman

Mailing Address 78 Commercial St. #3

City  
Boston

State  
MA

Zip Code  
02215-

Purpose of Disbursement  
A. Hillman reimbursement for parking food and travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81017.E10780

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

256.06

A. HILLMAN REIMBURSEMENT  
FOR PARKING FOOD AND TRAV-  
EL

**C.**

Full Name (Last, First, Middle Initial)

Amber Hillman

Mailing Address 78 Commercial St. #3

City  
Boston

State  
MA

Zip Code  
02215-

Purpose of Disbursement  
Reimbursement for parking food and travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81017.E10782

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

84.59

REIMBURSEMENT FOR PARKING  
FOOD AND TRAVEL

**SUBTOTAL** of Disbursements This Page (optional) .....

1340.65

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Amber Hillman

Mailing Address 78 Commercial St. #3

City  
Boston

State  
MA

Zip Code  
02215-

Purpose of Disbursement  
Reimbursement see below

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81017.E10781

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

311.08

REIMBURSEMENT SEE BELOW

**B.**

Full Name (Last, First, Middle Initial)

Bjs Wholesale Club

Mailing Address 909 The Fellsway

City  
Medford

State  
MA

Zip Code  
02155-

Purpose of Disbursement  
A. Hillman reimbursement for food and office supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81017.E10784

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

311.08

**[MEMO ITEM]**

MEMO: A. HILLMAN REIMBURSEMENT FOR FOOD AND OFFICE SUPPLIES

**C.**

Full Name (Last, First, Middle Initial)

Amber Hillman

Mailing Address 78 Commercial St. #3

City  
Boston

State  
MA

Zip Code  
02215-

Purpose of Disbursement  
Reimbursement see below

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81017.E10783

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

266.52

REIMBURSEMENT SEE BELOW

**SUBTOTAL** of Disbursements This Page (optional) .....

577.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Lyndsay Jones

Mailing Address 16 Oval Road

City Quincy State MA Zip Code 02170-

Purpose of Disbursement  
Reimbursement for travel and parking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81017.E10766

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

116.79

REIMBURSEMENT FOR TRAVEL  
AND PARKING

B.

Full Name (Last, First, Middle Initial)

Brett Kasper

Mailing Address 43 Eastern Ave. Apt. 3

City Lynn State MA Zip Code 01902-

Purpose of Disbursement  
Fundraising Assistance Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81017.E10725

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

400.00

FUNDRAISING ASSISTANCE FEE

C.

Full Name (Last, First, Middle Initial)

Barney Keller

Mailing Address 187 Lewis Rd.

City Belmont State MA Zip Code 02478-

Purpose of Disbursement  
reimbursement for travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81017.E10767

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

127.88

REIMBURSEMENT FOR TRAVEL

SUBTOTAL of Disbursements This Page (optional) .....

644.67

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Barney Keller

Mailing Address 187 Lewis Rd.

City  
Belmont

State  
MA

Zip Code  
02478-

Purpose of Disbursement  
Reimbursement for travel and parking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81017.E10726

Date of Disbursement

10 / 08 / 2008

Amount of Each Disbursement this Period

123.79

**REIMBURSEMENT FOR TRAVEL  
AND PARKING**

**B.**

Full Name (Last, First, Middle Initial)

Adam Lamontagne

Mailing Address 44 Montclair St.

City  
Chicopee

State  
MA

Zip Code  
01013-

Purpose of Disbursement  
Reimbursement for travel and food

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81017.E10711

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

121.99

**REIMBURSEMENT FOR TRAVEL  
AND FOOD**

**C.**

Full Name (Last, First, Middle Initial)

Communication, Inc. Majority

Mailing Address 274 Marconi Blvd. Suite 260

City  
Columbus

State  
OH

Zip Code  
43215-

Purpose of Disbursement  
Voter Mail

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81017.E10790

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

1000.00

**VOTER MAIL**

**SUBTOTAL** of Disbursements This Page (optional) .....

1245.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial)  
Konica Minolta Business Systems

Mailing Address P.O. Box 7247-0322

City Philadelphia State PA Zip Code 19170-0322

Purpose of Disbursement  
Copier

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81017.E10716

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

722.93

COPIER

**B.** Full Name (Last, First, Middle Initial)  
NStar Electric

Mailing Address PO Box 970030  
DO NOT MAIL

City Boston State MA Zip Code 02297-0030

Purpose of Disbursement  
Utility

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81017.E10672

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

1.50

UTILITY

**C.** Full Name (Last, First, Middle Initial)  
NStar Electric

Mailing Address PO Box 970030  
DO NOT MAIL

City Boston State MA Zip Code 02297-0030

Purpose of Disbursement  
Utility

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81017.E10717

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

352.10

UTILITY

**SUBTOTAL** of Disbursements This Page (optional) .....

1076.53

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Omni Parker House

Mailing Address 60 School Street

City  
Boston

State  
MA

Zip Code  
02108-

Purpose of Disbursement

Event Deposit

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 81017.E10789

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

900.00

EVENT DEPOSIT

B.

Full Name (Last, First, Middle Initial)

Ox-Eye Properties

Mailing Address c/o Massey & Co.  
85 Merrimac Street

City  
Boston

State  
MA

Zip Code  
02114-

Purpose of Disbursement

Utilities

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 81017.E10788

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

653.37

UTILITIES

C.

Full Name (Last, First, Middle Initial)

Ox-Eye Properties

Mailing Address c/o Massey & Co.  
85 Merrimac Street

City  
Boston

State  
MA

Zip Code  
02114-

Purpose of Disbursement

Rent

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 81017.E10681

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

4064.50

RENT

SUBTOTAL of Disbursements This Page (optional) .....

5617.87

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay	<b>Transaction ID:</b> 81017.E10690 <b>Date of Disbursement</b>																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	2		2	0	0	8												
City Boston State MA Zip Code 02266-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Tax	<table border="1"> <tr> <td>3</td><td>8</td><td>4</td><td>7</td><td>.</td><td>7</td><td>7</td> </tr> </table>	3	8	4	7	.	7	7													
3	8	4	7	.	7	7															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>PAYROLL TAX</b>																					
<b>B.</b> Full Name (Last, First, Middle Initial) Poland Spring Poland Spring	<b>Transaction ID:</b> 81017.E10679 <b>Date of Disbursement</b>																				
Mailing Address Processing Center PO Box 52271	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	1		2	0	0	8												
City Phoenix State AZ Zip Code 85072-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Bottled Water	<table border="1"> <tr> <td>1</td><td>0</td><td>3</td><td>.</td><td>5</td><td>3</td> </tr> </table>	1	0	3	.	5	3														
1	0	3	.	5	3																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>BOTTLED WATER</b>																					
<b>C.</b> Full Name (Last, First, Middle Initial) Boston Postmaster	<b>Transaction ID:</b> 81017.E10787 <b>Date of Disbursement</b>																				
Mailing Address JW MCCORMACK STATION New Chardon Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	1		2	0	0	8												
City Boston State MA Zip Code 02114-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Permit Renewal	<table border="1"> <tr> <td>1</td><td>8</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	1	8	0	.	0	0														
1	8	0	.	0	0																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>PERMIT RENEWAL</b>																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**4131.30**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Jodys Quik Print

Mailing Address P.O. Box 1068

City  
Middleton

State  
MA

Zip Code  
01949-

Purpose of Disbursement  
Letterhead Envelopes Business Cards

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 81017.E10791

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

1653.35

LETTERHEAD ENVELOPES BUSI-  
NESS CARDS

**B.**

Full Name (Last, First, Middle Initial)

Bay State Realty

Mailing Address 2 Park Plaza

City  
Boston

State  
MA

Zip Code  
02116-

Purpose of Disbursement  
office space rental

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 81017.E10724

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

5557.00

OFFICE SPACE RENTAL

**C.**

Full Name (Last, First, Middle Initial)

C&w Shopping Centers

Mailing Address 95 State Street  
Suite 422

City  
Springfield

State  
MA

Zip Code  
01103-

Purpose of Disbursement  
Rent for Office Space

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 81017.E10729

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

2400.00

RENT FOR OFFICE SPACE

**SUBTOTAL** of Disbursements This Page (optional) .....

9610.35

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Staples, Inc.

Mailing Address Staples Credit Plan  
Dept. 80 - 0088936796

City State Zip Code  
Des Moines IA 50368-9020

Purpose of Disbursement  
Office Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81017.E10770

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

54.58

OFFICE SUPPLIES

B.

Full Name (Last, First, Middle Initial)

T-Mobile T-Mobile

Mailing Address PO Box 790047

City State Zip Code  
Saint Louis MO 63179-

Purpose of Disbursement  
Phone Service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81017.E10718

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

158.43

PHONE SERVICE

C.

Full Name (Last, First, Middle Initial)

RA The Red Apple

Mailing Address Ulla Lam  
P.O. Box 1579

City State Zip Code  
Gloucester MA 01931-

Purpose of Disbursement  
Delegate gifts

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81017.E10674

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

3844.82

DELEGATE GIFTS

SUBTOTAL of Disbursements This Page (optional) .....

4057.83

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Peter Torkildsen

Mailing Address 1 Stony Brook Road

City  
Chelmsford

State  
MA

Zip Code  
01863-

Purpose of Disbursement  
Reimbursement see below

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81017.E10776

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

665.68

REIMBURSEMENT SEE BELOW

B.

Full Name (Last, First, Middle Initial)

Bloomington Crowne Plaza

Mailing Address 5401 Green Valley Dr.

City  
Minneapolis

State  
MN

Zip Code  
55437-

Purpose of Disbursement  
P. Torkildsen reimbursement for lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81017.E10777

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

665.68

[MEMO ITEM]

MEMO: P. TORKILDSEN REIMBURSEMENT FOR LODGING

C.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address P.O. Box 1

City  
Worcester

State  
MA

Zip Code  
01654-

Purpose of Disbursement  
Phone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81017.E10719

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

462.37

PHONE

SUBTOTAL of Disbursements This Page (optional) .....

1128.05

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City  
Reading

State  
MA

Zip Code  
01867-

Purpose of Disbursement

R. Willington reimbursement for pizza for training

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 81017.E10749

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

183.15

R. WILLINGTON REIMBURSEMENT FOR PIZZA FOR TRAINING

B.

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City  
Reading

State  
MA

Zip Code  
01867-

Purpose of Disbursement

R. Willington reimbursement for paking mileage and travel

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 81017.E10750

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

147.09

R. WILLINGTON REIMBURSEMENT FOR PAKING MILEAGE AND TRAVEL

C.

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City  
Reading

State  
MA

Zip Code  
01867-

Purpose of Disbursement

R. Willington reimbursement for hotel

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 81017.E10748

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

110.00

R. WILLINGTON REIMBURSEMENT FOR HOTEL

SUBTOTAL of Disbursements This Page (optional) .....

440.24

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City  
Reading

State  
MA

Zip Code  
01867-

Purpose of Disbursement  
Reimbursement for office supplies and travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81017.E10722

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

129.65

REIMBURSEMENT FOR OFFICE  
SUPPLIES AND TRAVEL

**B.**

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City  
Reading

State  
MA

Zip Code  
01867-

Purpose of Disbursement  
Reimbursement for travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81017.E10721

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

136.28

REIMBURSEMENT FOR TRAVEL

**C.**

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City  
Reading

State  
MA

Zip Code  
01867-

Purpose of Disbursement  
Reimbursement for travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 81017.E10720

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

136.27

REIMBURSEMENT FOR TRAVEL

**SUBTOTAL** of Disbursements This Page (optional) .....

402.20

**TOTAL** This Period (last page this line number only) .....

51089.33

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial)  
Committee to Elect Beatty for US Senate

Mailing Address PO BOX 1599

City Harwich State MA Zip Code 02645-

Purpose of Disbursement  
IN KIND MAILING ON BEHALF OF BEATTY FORCandidate Name  
BEATTY FOR US SENATECategory/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81017.E10705

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	8

Amount of Each Disbursement this Period

221.76

IN KIND: IN KIND MAILING  
ON BEHALF OF BEATTY FOR  
US SENATE**B.** Full Name (Last, First, Middle Initial)  
Richard Baker Committee to elect

Mailing Address 288 Middle St

City West Newbury State MA Zip Code 01985-

Purpose of Disbursement  
IN-KIND MAILING ON BEHALF OF RICHARD BAK

Candidate Name

Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 81017.E10702

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	8

Amount of Each Disbursement this Period

730.33

IN KIND: IN-KIND MAILING  
ON BEHALF OF RICHARD BAKER  
FOR CONGRESS

SUBTOTAL of Disbursements This Page (optional) .....

952.09

TOTAL This Period (last page this line number only) .....

952.09

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Gregory DAgostino

Mailing Address 10 Liberty Sq.  
4th Floor

City  
Boston

State  
MA

Zip Code  
02109-

Purpose of Disbursement

Refund of Contribution Refund of contrib

Candidate Name

010

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 81017.E10768

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

600.00

SUBTOTAL of Disbursements This Page (optional) .....

600.00

TOTAL This Period (last page this line number only) .....

600.00



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Kathy Clarkeson	<b>Transaction ID:</b> 81017.E10687 <b>Date of Disbursement</b>																				
Mailing Address 66 Kane Dr.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	2		2	0	0	8												
City Scituate State MA Zip Code 02066- Purpose of Disbursement Payroll Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>9</td><td>0</td><td>1</td><td>.</td><td>8</td><td>5</td> </tr> </table>	9	0	1	.	8	5														
9	0	1	.	8	5																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAYROLL																				
<b>B.</b> Full Name (Last, First, Middle Initial) James Greene	<b>Transaction ID:</b> 81017.E10689 <b>Date of Disbursement</b>																				
Mailing Address 3 Brown Terrace	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	2		2	0	0	8												
City Jamaica Plain State MA Zip Code 02130- Purpose of Disbursement Payroll Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>9</td><td>3</td><td>4</td><td>.</td><td>7</td><td>0</td> </tr> </table>	9	3	4	.	7	0														
9	3	4	.	7	0																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAYROLL																				
<b>C.</b> Full Name (Last, First, Middle Initial) Lyndsay Jones	<b>Transaction ID:</b> 81017.E10683 <b>Date of Disbursement</b>																				
Mailing Address 16 Oval Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	2		2	0	0	8												
City Quincy State MA Zip Code 02170- Purpose of Disbursement Payroll Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>2</td><td>5</td><td>.</td><td>0</td><td>4</td> </tr> </table>	1	2	5	.	0	4														
1	2	5	.	0	4																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAYROLL																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3092.59**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)

Barney Keller

Mailing Address 187 Lewis Rd.

City  
Belmont

State  
MA

Zip Code  
02478-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 81017.E10684

Date of Disbursement

10 / 02 / 2008

Amount of Each Disbursement this Period

1088.57

PAYROLL

**B.**

Full Name (Last, First, Middle Initial)

Adam Lamontagne

Mailing Address 44 Montclair St.

City  
Chicopee

State  
MA

Zip Code  
01013-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 81017.E10688

Date of Disbursement

10 / 02 / 2008

Amount of Each Disbursement this Period

855.79

PAYROLL

**C.**

Full Name (Last, First, Middle Initial)

Peter Torkildsen

Mailing Address 1 Stony Brook Road

City  
Chelmsford

State  
MA

Zip Code  
01863-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 81017.E10685

Date of Disbursement

10 / 02 / 2008

Amount of Each Disbursement this Period

1635.16

PAYROLL

**SUBTOTAL** of Disbursements This Page (optional) .....

3579.52

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City  
Reading

State  
MA

Zip Code  
01867-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 81017.E10686

Date of Disbursement

MM / DD / YYYY  
10 / 02 / 2008

Amount of Each Disbursement this Period

1426.44

PAYROLL

SUBTOTAL of Disbursements This Page (optional) .....

1426.44

TOTAL This Period (last page this line number only) .....

8098.55

Image# 28933990834

Form/Schedule: **F3XN**

Transaction ID:

All donors who have contributed \$200 or more were sent a letter within 30 days asking for employer-occupation if one was not provided in order to meet best efforts policy.

\*\*\*\*\*